

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 5 - 0 0 1

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2005

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY ~~None~~ 05 \$ 75,000 P50b. FFY ~~None~~ 06 \$ 100,000 P50

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A, page 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 1 to Attachment 3.1-A
page 9

10. SUBJECT OF AMENDMENT:

Targeted Case Management For The Developmentally Disabled

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Stan Rosenstein

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

16. RETURN TO:

Department of Health Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.4001
MS 4600, P.O. Box 997413
Sacramento, CA 95899-7413

17. DATE RECEIVED:

February 17, 2005

18. DATE APPROVED:

March 14, 2005

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2005

20. SIGNATURE OF REGIONAL OFFICIAL:

Pet. Dally for Linda Minamoto

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Pen-and-ink change to #7 agreed to in an email dated March 8, 2005.

c. Annual/Periodic Review

At least on an annual basis, CSC will complete a summation of client progress in achieving IPP objectives and an assessment of the client's current status. Based on this assessment, the regional center CSC and the person with developmental disabilities, or the conservator shall determine if reasonable progress has been made and shall be free to choose whether current services should be continued, modified, or discontinued. Periodic reviews will be conducted when it is determined that the implementation of the client's IPP needs to be reviewed more frequently than once a year or where state/federal law requires more frequent reviews.

d. Discharge Planning

Discharge planning to assist the individual in transitioning from inpatient to outpatient status, and arranging for appropriate services for the person being discharged. This work needs to begin prior to the actual date of discharge, and for this reason, targeted case management services for discharge planning activities performed by the regional center for up to 180 days prior to an individual's actual discharge from an institutional setting are included.

Individuals requesting case management services may receive these services from the regional center responsible for the catchment area in which the individual resides. Catchment area boundaries have been established in order to assure individuals access to services within a reasonable distance for their residence. The individual's freedom of choice of providers is not, however, restricted to any particular regional center in that the individual may seek case management services from any regional center in the state.

The Lanterman Act requires that the performance of the CSC be reviewed at least annually by the regional center, the client, and the client's parents or guardian or conservator. The CSC may not continue to serve as a case manager for the client unless there is agreement by all parties that the CSC should do so. All parties shall be free to choose whether the CSC's services should be continued, modified, or discontinued. If the client is dissatisfied with a particular CSC, the regional center works with the client and the CSC in an attempt to resolve the problem. If the situation cannot be resolved, the client may transfer to another case manager.

TN No. 05-001

Supercedes

TN No. 95-003

Approval Date

MAR 14 2005Effective Date January 1, 2005